MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018349

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		2		2		
5		2		2		
6	1			1		
7		2		2		
8		0		0		
9		0		0		
10		0		0		
11		0		0		
12		0		0		
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17		4		4		
18		0		0		
19		0		3		
20		0		3		
21		0		0		
22		0		0		
23		0		0		
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TOTAL IND.	8		7			
TOTAL DEP.	23		28			
TOTAL CLAIMS	31		31			

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		IND.	DEP.	IND.	DEP.	IND.	DEP.
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

ORM PTO-1360 (REV. 3-78)